



PTO/SB/21 (02-09)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number  
10/585,699Filing Date  
August 24, 2006First Named Inventor  
Hiroo KoyanagiArt Unit  
1795Examiner Name  
Hamilton, CynthiaAttorney Docket Number  
441P102

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | <input type="checkbox"/> -Form PTO-1449   |
| <input checked="" type="checkbox"/> Information Disclosure Statement      | <input type="checkbox"/> Request for Refund                               | <input type="checkbox"/> -Copy of non US reference cited - 1                            |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        | <input type="checkbox"/> -Copy of Int. Search Report dated 8/15/06                      |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name  
Nields, Lemack & Frame, LLCSignature  
Printed name  
Kevin S. LemackDate  
March 24, 2009 Reg. No. 32,579

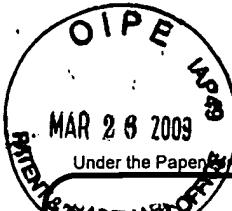
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature  
Typed or printed name  
Kevin S. LemackDate  
March 24, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Section 808 of the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

| Complete if Known    |                   |
|----------------------|-------------------|
| Application Number   | 10/585,699        |
| Filing Date          | August 24, 2006   |
| First Named Inventor | Hiroo Koyanagi    |
| Examiner Name        | Hamilton, Cynthia |
| Art Unit             | 1795              |
| Attorney Docket No.  | 441P102           |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields,Lemack&Frame, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> |                       |
| Utility                 | 330                | 165                 | 540                | 270                 | 220                     | 110                 | _____                 |
| Design                  | 220                | 110                 | 100                | 50                  | 140                     | 70                  | _____                 |
| Plant                   | 220                | 110                 | 330                | 165                 | 170                     | 85                  | _____                 |
| Reissue                 | 330                | 165                 | 540                | 270                 | 650                     | 325                 | _____                 |
| Provisional             | 220                | 110                 | 0                  | 0                   | 0                       | 0                   | _____                 |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|---------------------|-----------------|-----------------|
|                     | - 20 or HP =        | x               | =                    | Fee (\$)            | Fee (\$)        |                 |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
|                      | - 3 or HP =         | x               | =                    | Fee (\$)                         | Fee (\$)        |                      |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | / 50 =              | (round up to a whole number) x                          | =               |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Filing Fee \$180.00**SUBMITTED BY**

|                   |                 |   |                        |
|-------------------|-----------------|---|------------------------|
| Signature         |                 | Registration No.<br>(Attorney/Agent) 32,579 | Telephone 508-898-1818 |
| Name (Print/Type) | Kevin S. Lemack |   | Date March 24, 2009    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hiroo Koyanagi et al.

Serial No. : 10/585,699

Filed : August 24, 2006

For : PHOTORESISTIVE RESIN COMPOSITION AND CURED PRODUCT THEREOF

Examiner : Hamilton, Cynthia

Art Unit : 1795

Confirmation No: 6531

Attorney  
Docket No. : 441P102

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sir:

INFORMATION DISCLOSURE STATEMENT

The Examiner is respectfully requested to consider the document(s), which is/are listed on the attached form PTO 1449.

The Examiner's attention is drawn to U.S. Patent Application Serial No. 11/988,903 filed March 4, 2008, and the references cited therein.

JP11-140144, which is cited in the co-pending case, was previously disclosed along with an Information Disclosure Statement filed on August 21, 2006, and is not being made part of this information disclosure statement because it is already of record.

Enclosed is a check in the amount of \$180.00 in payment of the fee pursuant to 37 C.F.R. §1.17(p).

A copy of the non U.S. Patent listed on the attached form is enclosed herewith.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **March 24, 2009**

Signature: **Kevin S. Lemack**  
Date: **March 24, 2009**

Respectfully submitted,

  
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